

CORPORATE NAME

REQUEST FOR TAX CLEARANCE CERTIFICATE FOR EXEMPT ORGANIZATIONS

CALIFORNIA CORPORATION NUMBER

MAIL TO: EXEMPT ORGANIZATIONS SECTION PO BOX 1286
RANCHO CORDOVA CA 95741-1286

Date corporation ceased or will	d or will Lates		st income period for which a		
cease to operate in California:	·		California return has been filed:		
The Franchise Tax Board will issue a Ta	ax Clearance Certific	cate when all taxes	have been paid or secu	red.	
Supplemental Information. Please furnish by another corporation after dissolution of		mation if the activitie	es carried on in California	a will be continued	
NAME OF TRANSFEREE					
CALIFORNIA CORPORATION NUMBER OF TRANSFER	REE	ACCOUNTING P	ERIOD OF TRANSFEREE		
If the Tax Clearance Certificate is to be a following: (A copy of the Tax Clearance				ase complete the	
ADDRESS					
DATE	SIGNATURE OF OF	FICER OR AUTHORIZED R	EPRESENTATIVE	TITLE	